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| **Sundance Properties, Dillon Vista/ Amoretti Apartments**  **Office: 307-332-2050**  **Fax: 307-332-9329**  **105 Dillon Dr. APT #117 Lander, Wy. 82520** | | | | | | |
| Applicant Information | | | | | | |
| Name: | | | | | | |
| Date of Birth: | | SSN: | | | Phone: | |
| Size of Apartment: example (2 bed 1 bath) | | | | | | |
| Date Needed: | Drivers License#/State: | | | | | Cell Phone |
| Pets: (Y / N)( If Yes Please Describe) | | | | | | |
| Number of Persons: | | Vehicle Info: | | | Vehicle Info: | |
| Employment Information | |  | | |  | |
| Current Employer: | | | | | | |
| Employer Address: | | | | | How Long? | |
| Phone: | | | Email: | | Fax: | |
| City: | | | State: | | Zip Code: | |
| Position: | | | Hourly Salary (Please Circle) | | Annual Income: | |
| Emergency Contact | | |  | |  | |
| Name of person not residing with you: | | | | | | |
| Address: | | | | | Phone: | |
| City: | | | State: | | Zip code | |
| Relationship: | | | | | | |
| Co-Applicant Information | | | | | | |
| Name: | | | | Drivers License#/State: | | |
| Date of Birth: | | | SSN: | Phone: | | |
| Co-Applicant Employment Information | | | | | | |
| Current Employer: | | | | | | |
| Employer Address: | | | | | How Long? | |
| Phone: | | | E-Mail: | | Fax: | |
| City: | | | State: | | Zip Code: | |
| Position: | | | Hourly Salary (Please Circle) | | Annual Income: | |
| Address History | | |  | |  | |
| Current Address: | | | | | | |
| City: | | | State: | | Zip Code: | |
| Own Rent (Please Circle) | | | Monthly payment/rent: | | How long? | |
| Previous Address: | | | | | | |
| City: | | | State: | | Zip Code: | |
| Own Rent (Please Circle) | | | Monthly payment/rent: | | How long? | |
| References | | |  | |  | |
| Name: | | | Address: | | Phone: | |
|  | | |  | |  | |
|  | | |  | |  | |
| I authorize the verification of information provided as to my credit, background and employment | | | | | | |
| Signature of Applicant: | | | | | Date: | |
| Signature of Co-Applicant: | | | | | Date: | |